

West Virginia Department of Transportation
Division of Motor Vehicles
Salvage Certificate Application



1-800-642-9066
www.dmv.wv.gov

Name _____ Daytime Phone (____) ____ - ____

Address _____
STREET ADDRESS CITY STATE ZIP

Vehicle Information

Make _____ Year VIN No.

Style of Body _____ Weight _____ or _____ Odometer Reading _____
PASSENGER VEHICLE TRUCKS GVW

COMPLETE IF APPLICABLE

☐ Requesting **NONREPAIRABLE** Certificate
(Over 75% damaged & not to be reconstructed.)

☐ Flood Damage

☐ Fire Damage

☐ Salvage

☐ Owner Retention • **MUST PROVIDE INSURANCE COMPANY NAME** _____

INDICATE DAMAGE BY CHECKING THE APPROPRIATE BOX, OR LIST PART UNDER "OTHER".

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Front Bumper | <input type="checkbox"/> Windshield | <input type="checkbox"/> Rear Bumper |
| <input type="checkbox"/> Grill Assembly | <input type="checkbox"/> Side Glass - Left | <input type="checkbox"/> Frame |
| <input type="checkbox"/> Hood | <input type="checkbox"/> Side Glass - Right | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Fender - Left | <input type="checkbox"/> Rear Glass | <input type="checkbox"/> Seats |
| <input type="checkbox"/> Fender - Right | <input type="checkbox"/> Roof Panel | <input type="checkbox"/> Radio Unit |
| <input type="checkbox"/> Door Front - Left | <input type="checkbox"/> Qtr. Panel - Left | <input type="checkbox"/> Battery |
| <input type="checkbox"/> Door Front - Right | <input type="checkbox"/> Qtr. Panel - Right | <input type="checkbox"/> Dash Panel |
| <input type="checkbox"/> Door Rear - Left | <input type="checkbox"/> Deck Lid | <input type="checkbox"/> Engine |
| <input type="checkbox"/> Door Rear - Right | <input type="checkbox"/> Rear Door S/W | <input type="checkbox"/> Other ➔ |

Other Includes: Boats, Campers, Cycles, and misc.

Lienholder Information (If required)

Name _____ Amount _____ Date ____/____/____
LIENHOLDER

Address _____
STREET ADDRESS CITY STATE ZIP

Applicant Certification

I hereby certify under penalty of fines and/or imprisonment, that the statements made herein are correct to the best of my knowledge and belief.

PRINTED NAME OF APPLICANT

(X)

ORIGINAL SIGNATURE OF APPLICANT (NO COPIES OR STAMPS)

____/____/____
DATE

*** There is a \$15.00 fee that accompanies this form.
ANY ALTERATIONS OR ERASURES WILL VOID THIS FORM.**